



FOOD SCOOP

“A Michigan Food & Nutrition Program Edition”

SEPTEMBER 2001

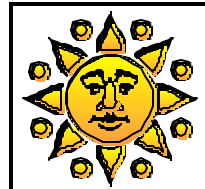
Issue No. 2

INSIDE THIS ISSUE:

FEATURE ARTICLES



Regulatory
Issues
Page 2



Food For Thought
Page 2

Attachments

Page

Calendar of Events	5
Statewide Training Schedule	7-8
Statewide Training Registration Form	9-10
National School Lunch Week Resolution	11
Medical Statement Forms	12-15
School Food Service Directors Fall Conference Registration Form	16-17

NEED ASSISTANCE CALL:

School Meals Program	(517) 373-3347
Food Distribution	(517) 373-8642
Fiscal Reporting	(517) 373-2077
Child Care Food Program	(517) 373-7391
Fax Number	(517) 373-4022





Regulatory Issues

FOOD STAMP CASE NUMBER ON APPLICATIONS FOR FREE AND REDUCED PRICE SCHOOL MEALS

Electronic Benefit Cards (EB) are now used throughout the State of Michigan to replace food stamp coupons. The EBT card number is a 16 digit numerical number, for example: 1234 2345 3456 4567 while the Food Stamp Case Number is an alpha/numerical number beginning with and ending with an alphabet, for example: V9999999A. The United States Department of Agriculture (USDA) has determined that the number on a household's EBT card can NOT be accepted as a food stamp case number on applications for meal benefits. As you receive and review applications for meal benefits, be sure that households providing a Food Stamp Case Number in PART 1 of the application are providing a Food Stamp Case Number and not an Electronic Benefit Card (EBT) number.

Please refer to Food Service Administrative Policy #4, SY 2000-2001: Use of Electronic Benefit Transfer (EBT) Card Numbers on Applications for Meal Benefits.

Accommodating Children with Special Dietary Needs in the School Nutrition Programs

Confused about when food substitutions have to be made for a student? The federal regulations state that "schools shall make substitutions in foods . . . for students who are considered handicapped . . . and whose handicap restricts

their diet. Schools may also make substitutions for non-handicapped students who are unable to consume the regular lunch (breakfast) because of medical or other special dietary needs."

In simple terms, this means that if a student has a documented disability that restricts their diet, the school food service department *MUST* make the substitutions as listed by a licensed physician on a medical statement form.

If, however, a request for food substitutions is made for a student without a documented disability, the school food service department *MAY* make the substitutions listed on the medical statement form signed by a recognized medical authority.

It is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form.

Two Medical Statement Forms are available for use on the MDE website when special food substitutions are requested for a student. Directions for using the Medical Statement Forms and a definition of a handicapped person are also included along with the forms.

Please contact a School Meals Consultant at 517/373-2077 if any additional information is needed.

MEIS August/September Claims for Reimbursement

If your school district or agency served meals for 10 days or less in August, you do not need to submit an August claim. Combine August and September claim data and submit both on your September claim form. If meals were served more than 10 days in August, a separate claim must be submitted for that month.

Michigan Education Information System School Meals Security Access Form

Every school food authority (SFA) participating in the School Meal Programs is required to enter and certify monthly claim data on the Michigan Education Information System (MEIS.) To do this, a designated individual from each school district or agency is granted access rights by the Food and Nutrition Program of the Michigan Department of Education. A School Meals Security Access Form must be on file in our office for each individual who has rights to certify claim data.

Starting in September, on an on-going basis, we will mail information related to MEIS security access for the School Meals Reimbursement Claim Form. A *Security Access Form* will be included. When your SFA receives the mailing, make sure the *Security Access Form* is filled out, signed by the authorized official, and returned to our office by the designated due date.

- When you enter the name of a staff person replacing someone else, they will be considered a "Replacement Designee". The name of the former designee will also need to be listed so that their access rights can be removed.
- When the form is to grant access to someone in addition to your current designee, (your district/agency has more than one person authorized to certify claim data), check the "New Designee" box. We will grant access rights to that person and will also know that we do not need to remove access rights from anyone.

Please be reminded, whenever there is a change to

the designated individual, a Security Access Form must be submitted identifying the name of the replacement designee as well as the name of the person for whom security access rights are to be removed. Any "New" or "Replacement" designees will have to follow steps 2 and 3 on the Security Access Form in order to obtain an MEIS Account Number which has to be entered for step 4. The form cannot be completed without this information.

Note: Do not list any employee of a Food Service Management Company on the Security Access Form. They may only be granted rights to read or enter data, but may not certify it. Certification rights for claim data can only be granted to a school district staff member. If you have questions or require assistance with this form, contact Ruby Dixon at (517)373-0420



Food For Thought

**National 5 A Day Week - September 9-15,
2001**

National 5 A Day Week is coming soon!

Each year, during the second full week of September, the Produce for Better Health Foundation and the National Cancer Institute conduct a nationwide effort to promote eating 5 or more servings of fruits & vegetables for better health. Eating 5 or more servings every day is easy. To find out more about how much one serving is click on www.5aday.com

Check out this website frequently for many great ideas & resources to make this 5 A Day Week your best ever!

There is a free contest for children to help encourage them to eat more fruits and vegetables and become more interested in nutrition. Schools are encouraged to participate in this educational and fun activity. All materials needed to participate can be found on the www.5aday.com web site.

Start collecting those stickers for the Sticking to 5 A Day National Sticker Contest.

Don't forget -- 5 A Day: Yes You Can!

MARK YOUR CALENDARS

The 37th Annual Conference for School Food Service Directors will be held October 24-26, 2001 at Shanty Creek Resort in Bellaire, Michigan. The opening sessions begin at 3:00 p.m.

Registration forms are attached.

Watch your mail for further information.

September is National Food Safety Education Month

Educating and training food service employees about food safety just became fun and easy, thanks to 2 great websites.

Everyone is encourage to check out www.foodsafetycouncil.org

This is the website for the Food Safety Council. Training and promotional materials are provided to educate employees about food safety.

On the pull down screen, go to Training Ideas. There are great Fact Sheets (Week 1 – Week 5) that can be downloaded and used to train employees. Check out the 6 games for employees that can be used in conjunction with food safety training.

Another great website is www.foodsafety.gov/

On this website, click on National Food Safety Education Month (September): 2001 Planning Guide for Food Safety Educators. Then look at the following areas for ideas:

How to Use This Planning Guide to Celebrate National

Food Safety Month Ideas to Promote National Food Safety Education Month

Sample Ideas Used by Educators for NFSEM 2000

Remember –

“Be Cool, Chill Out. Refrigerate Promptly”

The Six Most Common Meal Application Errors (and How to Avoid Them)

1. **Failing to notice a missing Social Security number.** Income applications must contain a social security number of an adult household member (or the word “none”). Remember to look for it on Part 3 (d) of the state distributed application.

2. **Failing to notice a missing Signature of Adult**

Household member. The signature of an adult household member must be included on the application. Remember to look for it on Part 3 (C) of the state distributed application.

3. Not signing and dating the back of the application. The signature of the eligibility official and the date approved should be filled in on the back of the state distributed application.

4. Failing to give temporary approval to zero income applications. When a household indicates no (zero) income and doesn't qualify for free meals with food stamp/AFDC case number, the approving official should issue temporary approval of the application for not more than 60 calendar days. After 45 days the household should be contacted to determine if circumstances have changed. If there is no change, note this on the application and extend approval for another 60 calendar days. If circumstances have changed, note this on the application -or- send a new application to the household so that they may reapply for benefits. (Zero income on applications for a foster child is acceptable).

5. Computing income incorrectly. It is the responsibility of the eligibility official to compute the household's total current income and compare the total amount to the income eligibility guidelines! Use the computation if you need to convert incomes:

To compute monthly income:

* If income is received **every week**, multiply the total gross income by 4.33.

*If income is received **every two weeks** multiply the total gross income by 2.15.

*If income is received **twice a month**, multiply the total gross income by 2.

6. Keeping both a meal application and a direct certification form from the same household. If a household submits a meal application for a student that student appears on direct certification, eligibility should be determined based upon direct certification. The application should then be discarded.

<p><u>September, 2001</u></p> <p><u>CALENDAR OF EVENTS</u></p> <p><u>CHILD NUTRITION PROGRAM</u></p>	<p><u>Michigan State Board of Education</u> <u>Kathleen N. Straus, President</u> <u>Sharon L. Gire, Vice President</u> <u>Michael David Warren Jr., Secretary</u> <u>Eileen L. Weiseer, Treasurer</u> <u>Marianne Yared McGuire, NASBE Delegate</u> <u>John C. Austin</u> <u>Herbert S. Moyer</u> <u>Sharon Wise</u> <u>Thomas D. Watkins, Superintendent</u> <u>Governor John Engler, Ex-Officio</u></p>
<u>September 2001</u>	
<u>10</u>	<u>August Monthly Claim Due</u>
<u>29</u>	<u>Cut-Off for July Monthly Claim</u>
<u>October 2001</u>	
<u>10</u>	<u>September Monthly Claim Due</u>
<u>15-19</u>	<u>National School Lunch Week</u> http://www.asfsa.org/meetingsandevents/nslw2001/
<u>24-26</u>	<u>School Food Service Directors Conference - Shanty Creek, Bellaire, MI</u>
<u>30</u>	<u>Cut-Off for August Monthly Claim</u>
<u>31</u>	<u>County Free and Reduced Applications to Determine Verification Sample Size</u>

STATEWIDE TRAINING PROGRAM CLASS SCHEDULE

2001

NOTE: All registrations must be in the MDE office before the deadline dates--
registrations received after the deadline dates will be returned!

SCHOOL FOOD SERVICE BASICS - 100

Fee: Member \$18.00 and Non-Member \$25.00

Location

Brighton High School

Cafeteria

7878 Brighton Road

Brighton, MI 48116

Deadline: September 28, 2001

Dates/Times

October 12 and 15, 2001 8:00 am. -

3:00 p.m. (12th)

3:00 pm. - 6:30 p.m. (15th)

SANITATION AND FOOD SAFETY - 130

Fee: Member \$18.00 and Non-Member \$25.00

Location

Northwest Community Schools

High School Library

4000 Van Horn Road

Jackson, MI 49201

Deadline: September 26, 2001

Dates/Times

October 10, 17, 24, 2001

3:00 p.m. - 6:30 p.m.

Napoleon High School

October 11, 18, 25, 2001

3:00 p.m. - 6:30 p.m.

Library

200 West Street

Napoleon, MI 49261-0308

Deadline: September 27, 2001

Brighton High School

October 12 and 15, 2001

8:00 am. - 3:00 p.m. (12th)

3:00 pm. - 6:30 p.m. (15th)

Cafeteria

7878 Brighton Road

Brighton, MI 48116

Deadline: September 28, 2001

PRINCIPLES OF FOOD PREP - 150

Prerequisite: Sanitation & Safety - 120

Fee: Member \$18.00 and Non-Member \$25.00

Each participant must bring a calculator to class.

Location

Macomb ISD

44001 Garfield

Clinton Township, MI 48038-1100

Dates/Times

November 7, 8, 15, 2001

3:00 p.m. - 6:30 p.m.

Deadline: October 24, 2001

MICHIGAN'S HEALTHY EDGE 2001 - 280
Fee: Member \$18.00 and Non-Member \$25.00

Location

Macomb ISD

44001 Garfield

Clinton Township, MI 48038-1100

Deadline: November 21, 2001

DatesTimes

December 6, 13, 20, 2001

3:00 p.m. - 6:30 p.m.

Use one form and one check per class.

Make check payable to MSFSA and mail to: Michigan Department of Education,

Statewide Training Program--School Meals Unit
P.O. Box 30008, Lansing, MI 48909

To complete your registration, we must receive a check or purchase order number by the deadline.
You may fax this information to (517) 373-4022.

9

For Michigan Department of Education Use Only	Check #		Amount	\$
	" School " Personal			

[Copy as necessary]

Statewide Training Program Multi-Registration Form

Use one form and one check per class.

CLASS NAME: <hr/> LOCATION OF CLASS: <hr/> DATE(S) OF CLASS: <hr/>	SCHOOL DISTRICT: <hr/> PHONE: <hr/>	DISTRICT NUMBER: <hr/>
--	---	----------------------------------

<u>Last Name</u>	<u>First Name</u>	<u>Social Security #</u>	<u>Home Telephone #</u>	<u>Home Address (Street, City, Zip)</u>	<u>MSFSA #</u>	<u>Fee Per Student</u>
<u>1</u>						
<u>2</u>						
<u>3</u>						
<u>4</u>						
<u>5</u>						

Check which type of menu planning method you use:

☐ Food based - traditional ☐ Nutrient standard
☐ Food based - enhanced ☐ Assisted NSMP

Total the right hand column and attach a separate check for this amount only.

LLLLLLLLLLLL

Make checks payable to MSFSA.

Make check payable to MSFSA and mail to:

Michigan Department of Education,

Statewide Training Program--School Meals Unit

P.O. Box 30008, Lansing, MI 48909

To complete your registration, we must receive a check or purchase order number by the deadline.

You may fax this information to (517) 373-4022.

All registrations are accepted on a first-come, first-served basis. If this class is filled, the registration form and check will be returned to you. Confirmation letters will NOT be mailed. Assume that you are registered unless otherwise notified.

For Michigan Department of Education Use Only

Check #

" School " Personal

Amount

\$

[Copy as necessary]

State of Michigan

State Board of Education

RESOLUTION

NATIONAL SCHOOL LUNCH WEEK

OCTOBER 15-19, 2001

WHEREAS, each school day, more than 159,000 school breakfasts and more than 764,000 school lunches are served daily to students at more than 4,000 sites in Michigan; and

WHEREAS, the Michigan State Board of Education recognizes that children who are provided breakfast and lunch daily are better prepared for the classroom environment, being able to focus solely on their learning, rather than a basic biological need; and

WHEREAS, school districts around the nation will celebrate National School Lunch Week from October 15-19, 2001; and

WHEREAS, this year's theme for National School Lunch Week, entitled *School Lunch: By The Book*, presents an excellent opportunity to promote school lunch programs statewide and to emphasize the importance of child nutrition; and

WHEREAS, it is important for all Michigan communities to understand that education and proper child nutrition go hand in hand; and

WHEREAS, the Michigan State Board of Education continues to recognize and takes great pleasure in commending the men and women who accept and meet the daily challenge of providing school lunches to all; now, therefore, be it


RESOLVED, That the week of October 15-19, 2001, be recognized as National School Lunch Week in Michigan; and be it further


RESOLVED, That this week be devoted to the recognition of everyone who contributes to the successful operation of our state's breakfast and lunch food service programs; and be it finally

RESOLVED, That this special week serve as a fitting time to urge all Michigan citizens to become more aware of the importance of school food service programs and their role in the educational environment.



Adopted August 23, 2001


Kathleen N. Straus, President


Thomas D. Watkins, Jr., Chairman



Directions for Using Medical Statement Forms

When a foodservice manager is asked to make a menu substitution for a student, it is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form.

The federal regulations state that “schools shall make substitutions in foods . . . for students who are considered handicapped . . . and whose handicap restricts their diet. Schools may also make substitutions for non-handicapped students who are unable to consume the regular lunch (breakfast) because of medical or other special dietary needs.” See the following page for a definition of a handicapped person.

In simple terms, this means that if a student has a documented disability that restricts their diet, the school foodservice department *MUST* make the substitutions as listed by a licensed physician on the medical statement form.

If, however, a request for food substitutions is made for a student without a documented disability, the school foodservice department *MAY* make the substitutions listed on the medical statement form signed by a recognized medical authority. Examples of recognized medical authorities include: physician, physician assistant, nurse practitioner, registered dietitian. In most cases, the special dietary needs of a non-handicapped student may be managed within the normal meal service when a well planned variety of nutritious foods is available to them, and/or “offer vs. serve” is available and implemented.

Two forms are available for use when special food substitutions are requested for a student. For a student with a handicap, the “Medical Statement for Student *With* a Disability” should be used. For a student without a handicap, the “Medical Statement for Student *Without* a Disability” should be used.

Please contact a School Meals Consultant at 517/373-2077 if any additional information is needed.

Definition of Handicapped Person

7 CFR Subtitle A, Section 15b.3 Definitions

- (i) “Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- (j) “Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairment; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;
- (l) “Has a record of such impairments” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (m) “Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such impairment.

Office of the Secretary, USDA

Medical Statement for Student *With* a Disability
Requires Special Foods in Child Nutrition Programs

Student' s Name: _____ **Age:** _____ **Grade:** _____

Name of parent/guardian: _____ **Phone Number:** _____

Name of disability: _____

Explanation of why disability restricts child's diet: _____

Major life activity affected by disability: _____

Foods to Omit:

Foods to Substitute:

Other information regarding diet or feeding: (provide additional information below or on back of form or attach to this form).

I certify that the above named student needs special school meals prepared as described above because of the students disability or chronic medical condition.

Physician's Signature

Office Phone Number: _____ **Date:** _____

Directions for Using Medical Statement Forms

When a foodservice manager is asked to make a menu substitution for a student, it is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form.

The federal regulations state that “schools shall make substitutions in foods . . . for students who are considered handicapped . . . and whose handicap restricts their diet. Schools may also make substitutions for non-handicapped students who are unable to consume the regular lunch (breakfast) because of medical or other special dietary needs.” See the following page for a definition of a handicapped person.

In simple terms, this means that if a student has a documented disability that restricts their diet, the school foodservice department *MUST* make the substitutions as listed by a licensed physician on the medical statement form.

If, however, a request for food substitutions is made for a student without a documented disability, the school foodservice department *MAY* make the substitutions listed on the medical statement form signed by a recognized medical authority. Examples of recognized medical authorities include: physician, physician assistant, nurse practitioner, registered dietitian. In most cases, the special dietary needs of a non-handicapped student may be managed within the normal meal service when a well planned variety of nutritious foods is available to them, and/or “offer vs. serve” is available and implemented.

Two forms are available for use when special food substitutions are requested for a student. For a student with a handicap, the “Medical Statement for Student *With* a Disability” should be used. For a student without a handicap, the “Medical Statement for Student *Without* a Disability” should be used.

Please contact a School Meals Consultant at 517/373-2077 if any additional information is needed.

Definition of Handicapped Person 7 CFR Subtitle A, Section 15b.3 Definitions

- (i) “Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- (j) “Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairment; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;
- (l) “Has a record of such impairments” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (m) “Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such impairment.

Office of the Secretary, USDA

Medical Statement for Student *Without* a Disability
Requesting Special Foods in Child Nutrition Programs

Student's Name: _____ **Age:** _____ **Grade:** _____

Name of parent/guardian: _____ **Phone Number:** _____

Description of child's medical or other special dietary needs that restrict the child's diet:

Foods to Omit:

Foods to Substitute:

Other information regarding diet or feeding: (provide additional information below or on back of form or attach to this form).

Signature of Medical Authority

Office Phone Number:

Date:

37th ANNUAL FALL CONFERENCE
For School Food Service Directors and Supervisors

LOCATION: Shanty Creek Resort

Dates: October 24-26,
2001

Bellaire, Michigan 49615

Advance registration is required, as space is limited. Lodging costs are the attendee's responsibility. Conference is limited to local and I.S.D. school administrators, food service directors, supervisors and assistant directors only. Single unit managers, head cooks and other food service personnel are not eligible to participate in this particular conference.



-----DETACH AND MAIL-----



REGISTRATION
School Food Service Directors Conference
October 24-26, 2001
Shanty Creek Resort

Please "print" all information

Name: _____ **Title:** _____

Home Address: _____

School District Name: _____

Business Phone w/Area Code: _____ **Fax Number:** _____

Home Phone w/Area Code: _____ **E-Mail Address:** _____

Register me for the following:

- ☐ Conference Only.
- ☐ New Directors Workshop for School Food Service, October 23, 2001, 1:00 p.m. - 6:00 p.m. Register early-limit is 25. No confirmation will be sent.

Check as applicable:

- ☐ I am a new director.
- ☐ This is my first Fall Conference.

Return this form by October 5, 2001 to:

Michigan Department of Education
P.O. Box 30008
373-4022.

School Food Service Directors Conference
Attention: School Meals Program or fax to (517)

Lodging Registration Deadline (mail directly to Shanty Creek): September 23, 2001